

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/550280

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		1				
4		3				
5		3				
6						
7						
8						
9	1		535			
10		1				
11						
12		2				
13						
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50						
TOTAL IND.	2		↓			↓
TOTAL DEP.	18	↑	↑	↑	↑	↑
TOTAL CLAIMS	20	████████	████████	████████	████████	████████

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.			↓			↓
TOTAL DEP.		↑	↑	↑	↑	↑
TOTAL CLAIMS		████████	████████	████████	████████	████████